

To the Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450



CERTIFICATE OF TRANSMISSION
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.
Date: March 16, 2005
Express Mail Label No.: EV 480238645 US
By: Judy Robertson
Judy Robertson

Dear Sir:

Transmitted herewith is an Amendment in the application of:

Inventor: WILSON ET AL

Serial No.: 10/648,709

Filed: August 26, 2003

For: METHOD FOR PRODUCING 1,1,1,3-TETRACHLOROPROPANE AND OTHER HALOALKANES WITH IRON CATALYST

☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

☒ No additional fee is required.

The fee has been calculated as shown below:

| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADD. FEE | OR | RATE | ADD. FEE |
|---|---|-------|---------------------------------------|------------------|-------|-------------|----|-------|-------------|
| TOTAL | 13 | MINUS | ** 22 | 0 | x 9 | \$ | | x 18 | \$0 |
| INDEP | 1 | MINUS | *** 4 | 0 | x 44 | \$ | | x 88 | \$0 |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | +150 | \$ | | +300 | \$ |
| | | | | | TOTAL | \$ | OR | TOTAL | \$0 |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 02-2839 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ _____ is attached.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-2839. A duplicate copy of this sheet is enclosed.

☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR 1.17.

Case Docket No. 03179-PA
FORM PTO-1083

Sam Rosen
Sam Rosen
Reg. No. 37,991

MAR 17 2005

AF ZZW



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VIA EXPRESS MAIL

EV 480238645 US

To Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Re: Our Docket No. 03179-PA

Dear Sir:

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March 16, 2005

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By: *Judy A. Robertson*

Enclosed herewith please find the following:

1. Amendment Under 37 CFR § 1.116
2. Form PTO-1083
2. Our post card. (Please date stamp and return.)

Thank you for your cooperation and assistance.

Respectfully submitted,

Sam Rosen
Sam Rosen

SR/jjr.
Enclosures



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Wilson et al *

Serial No.: 10/648,709 *

Filed: August 26, 2003 * Art Unit: 1621

For: METHOD FOR PRODUCING * Examiner: Rosalynd Ann Keys
1,1,1,3-TETRACHLOROPROPANE
AND OTHER HALOALKANES *
WITH IRON CATALYST

AMENDMENT UNDER 37 CFR § 1.116

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In the Specification

Specification page 4, please accept replacement paragraph "Description of the Invention"
as follows: